

FILED JUN 19 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

57 021031
STATE FILE NUMBER

Registration District No. 149 Primary Registration District No. 1001 Registrar's No. 2591

1. PLACE OF DEATH a. COUNTY <u>Jackson</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u>			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Kansas City</u> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>				c. CITY OR TOWN <u>Kansas City</u> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
c. FULL NAME OF (If NOT in hospital, give location) Length of stay in lb HOSPITAL OR INSTITUTION <u>1271 Woodmen Rd 11 months</u>				d. STREET ADDRESS (If outside, give location) <u>4532 Broadway</u> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
3. NAME OF DECEASED (Type or print) First <u>Peter</u> Middle <u>Dornik</u> Last <u>Jr</u>				4. DATE OF DEATH <u>5-31-57</u> Month Day Year			
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH <u>Sept 18, 1925</u> 31	
9. AGE (In years last birthday) <u>31</u>		IF UNDER 1 YEAR Months Days Hours Min.		IF UNDER 24 HRS.			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, or if retired) <u>Chemical Eng.</u>				10b. KIND OF BUSINESS OR INDUSTRY <u>Chemical Co.</u>			
11. BIRTHPLACE (City and state or country) <u>Clyton N.J.</u>				12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>			
13. FATHER'S NAME <u>Peter Dornik Sr.</u>				14. MOTHER'S MAIDEN NAME <u>unknown</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (If yes, give dates of service) <u>yes</u> <u>II</u>				16. SOCIAL SECURITY NO. <u>148-20-5014</u>			
17. INFORMANT <u>Mrs Elsie Dornik, K E Mo.</u> Address							
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>fractured skull crushed chest.</u> Conditions, if any, which gave rise to above cause-(a), stating the underlying cause last. DUE TO (b) DUE TO (c)							
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)							
19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>							
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) <u>knocked or fell under a truck</u>					
20c. TIME OF INJURY Hour a. m. p. m. <u>5-31-57</u>							
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office, etc.) <u>street</u>					
		20f. CITY, TOWN, OR LOCATION <u>Kansas City Jackson mo</u>					
21. I attended the deceased from _____ to _____ and last saw her/him alive on _____ Death occurred at _____ m on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE <u>Guy H. Owens Coroner</u> (Degree or title) 3				22b. ADDRESS <u>1034 1/2 Pratt</u>		22c. DATE SIGNED <u>6-1-57</u>	
23a. BURIAL, CREMATION, REMOVAL (State) <u>Removal</u>		23b. DATE <u>6-1-57</u>		23c. NAME OF CEMETERY OR CREMATORY <u>Patterson N.J.</u>		23d. LOCATION (City, town, or county) (State)	
24. FUNERAL DIRECTOR <u>H. Leguina</u> ADDRESS <u>K E Mo - 6-2-57</u>				25. DATE RECD. BY LOCAL REG. <u>neva Marshall</u>			
26. REGISTRAR'S SIGNATURE							

JUN 19 1957



STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was em-
by me, or by, Student Embalmer No.....
working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed..... *J. LeRoy Moore*

Licensed Embalmer No. 47

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.